

# TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 264/243

## Enclosure and Biometric Data Collection for Fingerprint Sensor Device

First Named Inventor: Mr. Lawrence O'Gorman

### SUBMITTED BY

Name:	Mr. Jason W. Wolff
Registration Number:	43281
Electronic Signature Mark: Jason W. Wolff	Date Signed: 20010516

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### Attached Files:

bibd-transmittal	264243apds.xml
fee-transmittal	264243fee.xml
specification	264243.xml
declaration	Dec1 P1.tif

declaration  
declaration  
declaration

Dec1 P2.tif  
Dec2P1.tif  
Dec2P2.tif

Attached Image File(s):

Dec1 P1.tif  
Dec1 P2.tif  
Dec2P1.tif  
Dec2P2.tif

09681655-051601

Comments:

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# FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 355**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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## SUBMITTED BY

Authorized Name: Jason W. Wolff  
Electronic Signature Mark: Jason W. Wolff  
Date Signed: 20010516

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 11441  
Application ID: 09681655  
Title of Invention: Enclosure and Biometric Data  
Collection for Fingerprint Sensor  
Device  
First Named Inventor: Lawrence O'Gorman  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2001-05-16  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 264/243  
Digital Certificate Holder: cn=Jason W. Wolff, ou=Registered Attorneys, ou=Patent and  
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Subtotal For Extra Claims Fees: \$ 0

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